

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>BA</i>	<i>7891</i>	<i>1/15</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		<i>[Signature]</i>	<i>[Signature]</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/3/7
2	✓	✓	11/3/7
3	✓	✓	11/3/7
4	✓	✓	11/3/7
5	✓	✓	11/3/7
6	✓	✓	11/3/7
7	✓	✓	11/3/7
8	✓	✓	11/3/7
9	✓	✓	11/3/7
10	✓	✓	11/3/7
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Best Available Copy

If more than 150 claims or 10 actions  
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